Telehealth Toolkit

Version 2:
Updated May 27, 2020

Catalyst Health Network created this comprehensive toolkit to help independent primary care practices implement telehealth. This resource is intended to be a guide, not a government or payer policy interpretation.

We are committed to serving our community, if you have questions please email our team at info@catalysthealthnetwork.com.

Catalyst Health Network exists to
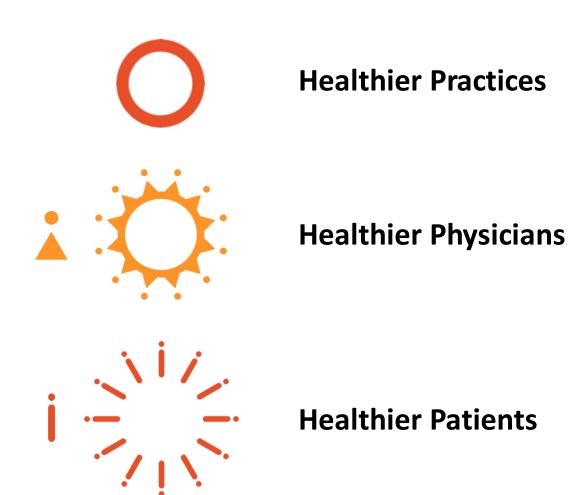
Help Communities Thrive

Healthier Practices

Healthier Physicians

Healthier Patients

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Testimonials/Info

"Just wanted to let you know how much I appreciate your enthusiasm and vision. I am excited about the opportunities for primary care over the next year and beyond. Working remotely doing televisits has given me some insights about how I will manage my patients going forward…"

Doug Fullington, MD
Village Health Partners
Plano, Texas

Telehealth in Primary Care's Future

Telehealth has recently taken on a new life and will expand to something much bigger and better in the future of our practices. As this industry pivots more and more towards a model of value-based care, embracing a telehealth solution in the practice will become part of our new normal.

Catalyst Telehealth Webinars can be found on the Catalyst Network Resource Website here.

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Benefits

- Empowers the patient
- Added convenience to the provider and to the patient
- Lowers the overall cost of care
- Provides for real-time human interaction
- Further expands upon the relationship between the provider and the patient proving that 'Relationships Matter'
- Encourages stronger engagement from the patient in their own care
- Provides better adherence to the patient's care plan
- Gives the patient better access to quality care
- Providers can increase their patient volume
- Reduce hospital admissions
- Increase patient experience

Engagement Opportunities

- Chronic Disease Management
- Medication Management
- Remote Patient Monitory
- Substance Disorder Treatment
- Home Health
- Care Coordination
- Post-Surgical Follow-up
- Establish New Patient Relationship
- Advanced Care Planning

Getting Started with Telehealth

APPLICATIONS SUPPORT TEAM

Getting started with Telehealth is a challenge, but Catalyst is here to help! The Telehealth applications support team is ready to offer guidance and support when implementing Telehealth into your clinic.

Here is how the Applications Team can support your clinic's telehealth needs:

- *Systems troubleshooting*
- *Quick reference guides and videos for applications*
- *Adopting Zoom Health or Doxy.me inside of your clinic*

Contact your Telehealth Applications Support team at info@catalysthealthnetwork.com

These platforms have proven to be low-cost, "Quick & Dirty" options for clinics wanting a Quick Start Telehealth Solution. We are here to help! Contact the Applications Support Team today for support with implementing Telehealth into your practice.

Platform support references

Doxy.Me Clinic Demo Video,

Zoom Health Telehealth Solution Quick Start guide,

Doxy.Me Telehealth Solution Quick Start Guide,

Testimonial

"The ramp up of telemedicine and its capabilities has been phenomenal in our practices, going from 10% up to 99%."

Greg Fuller, MD
North Hills Family Medicine
Keller, Texas

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Things to Consider When Choosing a Telehealth Platform

There are many things to consider when choosing a telehealth platform. Our applications team has explored over 16 Telehealth platforms available in today's market! With ease of use at the top of their list, this grid shows the comparison of Catalyst recommended Telehealth Platforms: Zoom Health & Doxy.me.

Features and Functionalities

Features	Doxy.Me	Zoom Health
Cost	Free $35/Month/Provider $50/Month/Provider	$200/Month/Provider (up to 10 providers)
Unlimited Audio/Video	Free	Included
Support Browser	Free	Included
Connection (Chrome, Firefox, Edge & Safari)	Free	Included
Supports Mobile Connection (iOS, Android)	Free	Included
HIPAA Compliant	Free	Included
BAA	Free	Included
Virtual Waiting Room	Free	Included
Real Time Chat	Free	Included
Text & Email Notifications	Paid-Pro	Included
Screenshare	Paid-Pro	Included
File Transfer	Paid-Pro	Included
Branding	Paid-Clinic	Included
Consent	Paid-Clinic	Included

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Telehealth Security

Concerned about the **privacy of Telehealth**? Instances of 'Zoom Bombing' have become more prevalent during the COVID-19 crisis where uninvited participants join and disrupt virtual meetings. This is also a risk for telehealth visits depending on the platform that is used to conduct the telehealth visit.

Most products/platforms used for Telehealth are secure because they were designed to be HIPAA compliant which offers data privacy and security provisions. The HIPAA Security Rule stipulates the following guidelines for electronic personal healthcare information (ePHI):

- *Only authorized users should have access to ePHI.*
- *A system of secure communication should be implemented to protect the integrity of ePHI.*
- *A system of monitoring communications containing ePHI should be implemented to prevent accidental or malicious breaches.*

Tools such as **FaceTime and Skype** are currently **allowed for telehealth** purposes, this however should be considered a **short-term solution** during the relaxed regulations period.

NOTE: *There is higher risk of a data breach when using tools that are not HIPAA compliant.*

Clinics who rely too heavily on tools such as FaceTime should begin preparing for a long-term solution. There are many cost-efficient options ranging from $0-$100 per month (per provider). **HIPAA compliance and ease of use** are two major factors to consider when investigating a long-term telehealth solution. Some **products to consider**:

- *Doxy.Me*
- *Zoom Health*
- *Updox*
- *Mend*
- *Integrated partner with your EMR*

It is always important to **obtain a patient's consent**. This informs your patient of potential risk and protects your practice. **CMS requires** patients are notified when using a **non-HIPAA compliant technology** like FaceTime.

NOTE: Verbal consent is allowed but should be documented in your visit note.

Lastly, if you are using a teleconferencing package such as the free version of Zoom, some of the **suggested ways to prevent this cyber-attack** are:

- *Don't use the same Personal ID number for all of your meetings*
- *Enable the Waiting Room features and 'admit' participants into your meeting*
- *Disable the option to allow users to connect before the host*

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Minimum System Requirements for Telehealth

TELEHEALTH ONBOARDING CHECKLIST

There are many steps to consider when implementing telehealth into your clinic. This checklist that can be used when implementing Telehealth in your clinic, follow this link.

- ❑ Select your telehealth platform
- ❑ Design Telehealth policy for the practice including workflow
- ❑ Establish the minimum requirements for hosting a Telehealth visit
- ❑ Create necessary documentation templates, consents and questionnaires
- ❑ Educate patient's on technology requirements
- ❑ Set up your PM/HER system to support Telehealth billing
- ❑ Educate all users on policies for billing telehealth and being reimbursed for your state
- ❑ Educate providers on proper documentation
- ❑ Update your marketing material and social media outreach to inform the patient population of this service
- ❑ Develop a plan to support your patients that will access this technology

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Minimum System Requirements

Telehealth system requirements may vary from system to system. Below are the most common minimum system requirements to assist your practice with implementing a telehealth solution.

Minimum System Requirements
- Computer or Laptop: Mac, PC, Chromebook
- Hardware:
  - *Camera*
  - *Microphone*
  - *Speakers*
- Internet Speeds: at least 3 Mbps download and upload speeds
- Check your network speed here
- Internet browser: Google Chrome, Mozilla Firefox, or Safari 11+ (latest release versions)
- Operating System: Windows 10 or MacOS Catalina
- Verify there are not any domains blocked that would prevent a successful transmission. Examples that may need to be whitelisted
  - *Tokbox.com*
  - *Opentok.com*
  - *Oscp.godaddy.com*
  - *Clr.godaddy.com*
- Firewall - verify any ports that need to be accessed for the platform A common TCP port is 443. There may be others that will provide the patient/provider a better experience. Check with your vendor, if needed.

Minimum Phone Requirements
- Use Safari 11+ on your iOS devices (or the latest version of iOS)
- Google Chrome on your Android device

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Billing & Reimbursement With Telehealth

So you have picked a platform and are ready to see your patients virtually, but how will you get paid? **Catalyst is here to help!** The Revenue Cycle Management Support Team is ready to offer guidance and support with Telehealth reimbursement as you adopt telehealth into your practice.

"We went to telemedicine **in a day**, and you guys have significantly helped us as far as – How does our billing look? What needs to be done? What modifiers need to be put on?

Chris Dingess, MD
Keller Family Medicine Center

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Here is how the Revenue Cycle Management team can support your clinic's telehealth needs:

- *Documentation guidance and templates*
- *Quick reference guides for billing telehealth*
- *Optimization of billing telehealth*
- *Denial prevention and management assistance*
- *Source for up-to-date telehealth payer policies*

Contact our Telehealth Revenue Cycle Management Support team at
info@catalysthealthnetwork.com

Texas Medical Board Telehealth Updates

COVID-19 UPDATE: HIPAA TELEHEALTH ENFORCEMENT LIFT

Consider the following guidance in the wake of the 3/17/2020 announcement from the Office for Civil Rights and the HHS to lift the HIPAA regulations surrounding Virtual Visits:

- The guidance only applies to provider-patient communication, and the communication must be about the provision of telehealth (i.e., treatment).

- The communication need NOT be about treatment of COVID-19; use Skype to treat a sprained ankle. Enable social distancing and keep patients out of the waiting room.

- Provider-to-provider communications continue to be subject to existing standards and rules.

- **Providers should get the consent of patients before using the technology.** Advise the patient you are using less-secure technologies (FaceTime) and document the consent.

- The decision to use the technology must be in good faith. Use a safer technology if available.

- The technology must be private, not public facing; Facebook Live, Twitch, TikTok, and the like are not covered by this enforcement discretion.

- Use the highest privacy setting and enable encryption where possible.

- BAA requirements are waived but still obtain a BAA if available.

- The enforcement discretion will expire when the pandemic threat has passed.

Telehealth Payer Grid

We are communicating with the payers daily to get the most up-to-date information surrounding Telehealth and COVID-19-related impacts. Reference this Telehealth Payer Grid for updates. See the simplified payer grid here. These grids, along with many other resources can be also be found on the Catalyst Health Network Resource Website.

Interpreting Telehealth Payer Policies

RCM Support Team Consideration: Payer reimbursement and guidelines related to place of service have been frustrating and confusing. United Health Care during their webinar on March 31, 2020 indicated that despite where you are performing the telehealth visit you are to bill place of service 11. CMS has also modified their policy to utilize POS 11 to ensure your practice receives the same rate as face to face office visit. While other payers are still including POS 02 on website and in policies, placing the 02 could result in reduction of payments and appeals for underpayments. We will continue to provide updates as we receive.

Encounter Template for Documenting Telehealth Visits

Use this Telehealth visit documentation template as a guide for the documentation requirements of Telehealth visits.

For Telehealth visits, document:

- Consent to perform a Telehealth visit
- The method of Telehealth visit, (Audio, audio/ visual, synchronous)
- Amount of time spent with patient
- Standard documentation as required for in-office visits

Consider using templates to capture all documentation.

Telehealth CMS CPT Codes

Not all CPT codes are reimbursed with Telehealth. For a list of common CPT codes used in primary care that are reimbursed with Telehealth, follow this link. It is encouraged to reference this list of CMS approved telehealth CPT codes as telehealth polices continue to evolve.

COVID-19 Update: AMA Special Coding Advice Guide

The AMA has designed Telehealth coding scenarios you can reference as telehealth "best coding practices" for both COVID-19 related and NON-COVID-19 related Telehealth visits. For the AMA's Special coding advice during COVID-19, follow this link.

Requirement	99213	99214
History		
Chief Complaint (CC)	Required	
History of Present Illness (HPI)	4+ Elements (or 3+ chronic diseases)	
Review of Systems (ROS)	2-9 Systems	10+ Systems
Past Medical Family, Social History (PFSH)	1 Element	2 Elements
Examination		
Systems	5-7 Systems	8+ Systems
Medical Decision Making		
Level	*Low	*Moderate
Time (Document 50% of time counseling/Coordinating Care)		
Minutes	15 Minutes	25 Minutes

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Telehealth Optimization

TYPES OF VISITS TO CONSIDER WITH TELEHEALTH

Below is just a sampling of the types of Illnesses/Conditions that can be treated using Telehealth:

- Chronic Conditions requiring long-term managements (arthritis, allergies, diabetes, etc.)

- New Patients

- Medicare Annual Wellness Exams

- Post-surgery or Major health event follow-ups or check-ins (TCM)

- Previously diagnoses mental health issues that may require maintenance like depression or anxiety

- Common health issues or illnesses that can be diagnoses symptoms like eye infections, rash, URI etc.

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Telehealth Visit Workflow Considerations

Ensuring Visit Success (Pre-Visit Follow-Up)

In order to ensure the visit goes smoothly it is recommended to complete some items prior to the visit. The goal is to maximize patient experience while maintaining efficiency for the healthcare provider completing the visit.

- *Contact the patient a few business days prior to the visit to setup/test for required telehealth visit technology. Be prepared to troubleshoot technical difficulties with the patient and educate them on the process*

- *Describe the flow of the telehealth visit and help to level-set expectations of the visit with the patient. By ensuring that they understand the flow of the visit, it will make things more seamless easier for all parties.*

- *If the patient has caregivers whom assist them with in-office visits, it will be beneficial to have the caregivers available for the telehealth visit, as well as the Pre-Visit Follow-Up.*

Getting Ready For the Visit

Just like an in-office appointment, there will be steps to take prior to the Telehealth visits to ensure the patient is ready to see the provider. 10-15 minutes prior to the Telehealth appointment, the Medical Assistant/Nurse can contact the patient and begin prepping the patient to be seen by the provider. During this time, the MA/nurse can:

- *Review medical history, current prescriptions, and prepares the chart for the provider*

- *Reviews any necessary items patient may need during visit (flashlight, scale, blood pressure monitor, or fitness tracker)*

- *Assist the patient with logging into to Telehealth visit and explain how the visit will work . Allow more time for patients who are not tech savvy*

- *Reviews how to complete the Telehealth consent form (if sent electronically) and obtain vitals*

Once provider logs-in to telehealth visit they will obtain consent from patient

Telephone Visits: Quick Tips to Maximize Impact

- **Start by acknowledging the current COVID-19 pandemic situation.** Patients can be experiencing a great deal of uncertainty. Simple guidance and reassurance can go a long way. It is also important to understand the impact the pandemic is having on their mental health. The following strategies can help:

  - *Ask:* *"I know this is a stressful time for many. How are you doing?"*
  - *Offer*: *Education and guidance on topics. Feel free to share the Catalyst Patient Resources with anyone.*
  - *Elicit:* *COVID-19 related questions*
  - *Reassure:* *Remind patients you are only a phone call or virtual visit away.*

- **Prepare patient's for visit duration.** Set expectations. Share with the patient the amount of time available, e.g. 15 min, and remind them when you have a few min left.
- **Set an agenda.** Prioritize visit items at the beginning of the call and manage the agenda once set.
- **Ask for verbal feedback to treatment recommendations:** Because you lose the sensor of body language, you will need to rely more heavily on verbal feedback. Check in regularly with, "What do you think about that?"
- **Shorten any monologues**. Again, because you won't know when you've lost your audience, break up your talking into shorter than normal chunks. Ask for feedback to make sure your message is getting across.
- **Visit summaries are vital.** Audio-only visits pose a greater challenge when it comes to perceiving a shared understanding of plan. To offset, assure patients receive a pos-visit care plan summary.

Scheduling Strategies

Implementing scheduling strategies for telehealth appointments is just as important as scheduling strategies for in-office appointments. Strategically approaching how appointments are scheduled can improve overall practice efficiencies and drastically impact the flow of patients throughout the clinic—virtual or not.

Examples of Scheduling Strategies being utilized across the network:

- **Decrease visit length** for telehealth visit. They typically do not take as long as an in-person visit
- **Utilize a virtual MA to check in** virtual visits and work out tech issues prior to provider engagement
- **Schedule "smart" recall campaigns** that drive a single patient type. For example, recall all your diabetics and then develop a **'well-oiled machine'** approach to check-in, appointment data collection and treatment plan creation.
- **Utilize combo visits** where the virtual visit is used for all things that do not require in-person interactions, then utilize drive-up services for required testing, immunizations, etc.
- Designate **specific time blocks** on your schedule that **telehealth** visits will be offered
- If offering **group visits,** consider a set, scheduled time block for group visits also
- Administer **vaccines in-office on a designated day** of the week or only during certain times, e.g. mornings from 8-11am
- **Wellness exams** preformed in-office on designated days or shifts
- Limit scheduling in-office visits with telehealth visits back to back (in-office, telehealth, in-office). This **increases the likelihood of workflow inefficiencies.**

Making the Most of a Telehealth Visit

Telehealth visits can be just as effective as an in-office visit.

- **Schedule a follow-up appointment** prior to the end of the patient visit and/or during your virtual 'check out' to encourage patient compliance
- Set a **"return to office" reminder** in your EMR (if capable)
- Look for opportunities to **support patients** with their chronic condition
  - **Refer patients** with chronic conditions to the Catalyst Care Team for **Comprehensive Care Support services**
- Remember **depression or other mental health screening**. A rise in mental illness is expected.
- **Close outstanding quality gaps**

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Medicare Advantage Telehealth Quality Solutions

Telehealth is an opportunity to further expand on how the Medicare/Medicare Advantage population receives quality care in Primary Care. Below are some considerations for Telehealth visits with patients enrolled in Medicare Advantage plans

Risk Coding Capture: There are no changes to the way in which you document Risk Coding for telehealth vs. in-office visits. Continue to submit chronic conditions on all visit types and any pertinent acute conditions. Documentation in the HPI that both chronic and acute conditions are identified and addressed in the assessment/plan is recommended.

Clinical Quality Capture: Quality measures can be gathered and submitted for capture using the telehealth visit process. Proper documentation of the procedure and submission to close the gap is critical for acceptance. To the right is an outline to help guide you to successfully close quality gaps, namely screening measures, as identified during the patient telehealth visit.

Documenting Clinical Quality

Lab Date	Use the following hierarchy: 1. *Report Date* 2. *Resulted Date* 3. *Received Date* 4. *Sample Collection/Acquired Date*
Procedure Date	If the encounter date in the record is 3/13/20 and the provider enters the procedure date as March 2020, use the **encounter** date (3/13/20).
Procedure Documentation	Procedure Documentation by a provider should note that the procedure was "done" or "performed" or "completed".

	Documentation Example	Enter the Date As:
Only the year is documented, and **prior** to current year	Provider documents, "Patient had a screening mammogram in 2019." Visit/note date is 4/12/2019	Enter the last day of the year in which the mammogram was performed: 12/31/2019
Only the year is documented, and in **current** year	Provider documents, "Patient has a screening mammogram this year." Visit/note date is 4/12/2019	Enter the date for the mammogram as one day prior to the visit date: 4/11/2020
Only **year and month** is documented	Provider documents, "On 12/2019 the patient had a negative dilated retinal exam performed by ophthalmologist, Dr. Yo."	Enter the last day of the month and year of the retinal exam: 12/31/2019
Only **patient's age** at time of event is documented	Provider documents, "Patient had a Pneumovax at age 68." Patient DOB is 2/10/50	Enter the date as the day of patient's 68th birthdate: 2/10/2018
Only **number of years ago** the event occurred is documented	Provider documents, "Patient had a colonoscopy two years ago." Visit/note date is 1/07/2020	From the documentation, the patient had a colonoscopy in 2018. Enter date as current visit date, two years earlier: 1/7/2018
Only **history of event** is documented	Provider documents, "Patient had a history of bilateral mastectomy."	Refer to your Medicare Advantage Program Coordinator for measure-specific guidelines.

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Medicare Advantage Telehealth Quality Solutions (Cont.)

Telehealth is an opportunity to further expand on how the Medicare/Medicare Advantage population receives quality care in Primary Care. Below are some considerations for Telehealth visits with patients enrolled in Medicare Advantage plans .

Hemoglobin A1C: A lab order is required to obtain a hemoglobin A1C for a patient. Patients can still visit their normal stand-alone laboratory locations, such as CPL, Quest, LabCorp, etc. Send their required lab orders as usual during completing the telehealth visit and instruct the patient of these needs.

Hypertension: Blood pressures measured at home by the patient during the telehealth visit should be recorded in the EMR, for the purposes of controlling patients' hypertension; however, this measure will *not* close the hypertension quality gap. We will need an in-office measurement before year end.

Note: The **final** in-office blood pressure measurement **of the year** is used for quality gap closure purposes.

Medication Reconciliation Post Discharge (MRPD) The Catalyst Care Managers will continue to outreach your patients immediately upon discharge and assist with medication reconciliation completion as well as getting patients scheduled for a Transition of Care (TOC) follow-up with the practice telehealth. Continue to complete a medication reconciliation during the TOC telehealth visit as usual, documenting **"Hospital Discharge, Medication Reconciliation"** in the notes.

REMINDER: MRPD must be completed and documented within **30 days** of discharge.

Medication Adherence Continue to monitor ePRG (for WellMed) for your patients with medication adherence opportunities during your telehealth visits. The best way to perform in medication adherence is to refer your patients for Medication Management and send their prescriptions to **Catalyst Health Rx** for free medication sync and delivery (or other in network mail or pharmacies with delivery options). Stress the importance of medication adherence for preventive reasons. Your **Catalyst pharmacists** will continue actively monitoring and closing medication adherence gaps. Keep an eye out for **time-sensitive EMR messaging** from them for needed refills or requested outreach from your practice.

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Resources

- Network resources page – **Click Here**.

- Demo video for Doxy.me Clinic – **Click Here**.

- Quick start guide for Doxy.me Telehealth Solution – **Click Here**.

- Quick start guide for Zoom Health – **Click Here**.

- Telehealth onboarding checklist – **Click Here**.

- Detailed Telehealth payer grid – **Click Here**.

- **Simplified Telehealth payer grid**- **Click Here**.

- Telehealth visit documentation template – **Click Here**.

- CPT codes – **Click Here**.

- AMA's special coding advice – **Click Here**.

- Telehealth coding quick reference guide – **Click Here**.

- Medicare coding opportunity quick reference guide – **Click Here**.

- E/M coding elements reference guide – **Click Here**.